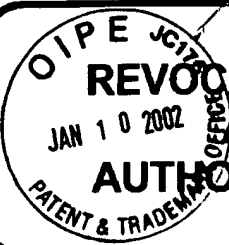


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/736,765
	Filing Date	December 12, 2000
	First Named Inventor	David Forder
	Group Art Unit	2173
	Examiner Name	Unassigned
	Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:☐ Customer Number

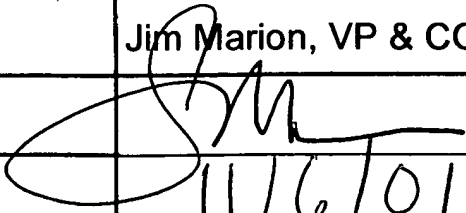
OR

Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name	Matsushita Mobile Communications Development Corporation of U.S.A.				
Address	1225 Northbrook Parkway				
Address					
City	Suwanee				
Country	U.S.A.	State	GA	ZIP	30024
Telephone	(770) 338-6009	Fax	(770) 338-6210		

I am the:

☐ Applicant/Inventor..☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Jim Marion, VP & COO
Signature	
Date	11/6/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.